

## Schedule 1B

### Other Receipts and In-Kind Contributions

*(see Schedules 1 and 1A for other types of Income)*

**See instructions on reverse side**

Name of Entity \_\_\_\_\_

Entity Number \_\_\_\_\_

Date Received	Complete Name and Address of Payor	I	J	A D M I N ✓	Remarks
		Other - Refunds, Rebates, Items sold, interest or misc. income. (Describe in Remarks)	In-Kind Contribution - Fair Market Value of In-Kind Contribution Received. (Describe in Remarks)		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
			Aggregate to Date: \$		
<b>Totals This Page</b>		<b>I</b>	<b>J</b>		

Failure to provide all the information required by this form will be regarded as a **FAILURE TO FILE**.